

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
JUN 08 2017  
Bayfield Co. Zoning Dept.

Permit #: 17-0366  
Date: 8-1-17  
Amount Paid: 175 68-17  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input checked="" type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: JEFF NOURSE		Mailing Address: 78390 WASHBURN AVE		City/State/Zip: WASHBURN WI 54891		Telephone: 715-373-5059									
Address of Property: 32555 Johnson-Leino Rd		City/State/Zip: WASHBURN, WI 54891		Cell Phone: 715-292-9115											
Contractor: JEFF NOURSE		Contractor Phone: CADDY / GARY BROWN		Plumber: 209-0161		Plumber Phone: 209-0161		Written Authorization Attached							
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):											
PROJECT LOCATION: N 1/2 of NE 35E 1N 9.58 P104		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits): 6527		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: R									
Section 20, Township 49N N, Range 04 W		Town of: BAYVIEW		Lot Size		Acreage 20									
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Value at Time of Completion * include donated time & material \$30000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	Existing Structure: (if permit being applied for is relevant to it)	
							Length: 60	Width: 14
							Proposed Construction:	Height: 15
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City		<input type="checkbox"/> City		
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: Holdings	<input checked="" type="checkbox"/> Well		
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type:			
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)				
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)				
<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet				
<input type="checkbox"/> Short Term Rental of Existing Mobile Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None				

Proposed Use	Proposed Structure	Dimensions	Square Footage	Principal Structure (first structure on property)	
				( )	( )
				( )	( )
				( )	( )
				( )	( )
<input checked="" type="checkbox"/> Residential Use	with Loft	( )	( )	( )	( )
	with a Porch	( )	( )	( )	( )
	with (2nd) Porch	( )	( )	( )	( )
	with a Deck	( )	( )	( )	( )
	with (2nd) Deck	( )	( )	( )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	( )	( )	( )
	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( )	( )	( )	( )
<input checked="" type="checkbox"/> Municipal Use	Mobile Home (manufactured date) 1978	( )	( )	( )	( )
	Addition/Alteration (specify)	( )	( )	( )	( )
	Accessory Building (specify)	( )	( )	( )	( )
	Accessory Building Addition/Alteration (specify)	( )	( )	( )	( )
	Special Use: (explain) Short Term Rental	( )	( )	( )	( )
	Conditional Use: (explain)	( )	( )	( )	( )
	Other: (explain)	( )	( )	( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable time for the purpose of inspection.

Owner(s): Jeff & Karen  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: 6/8/17

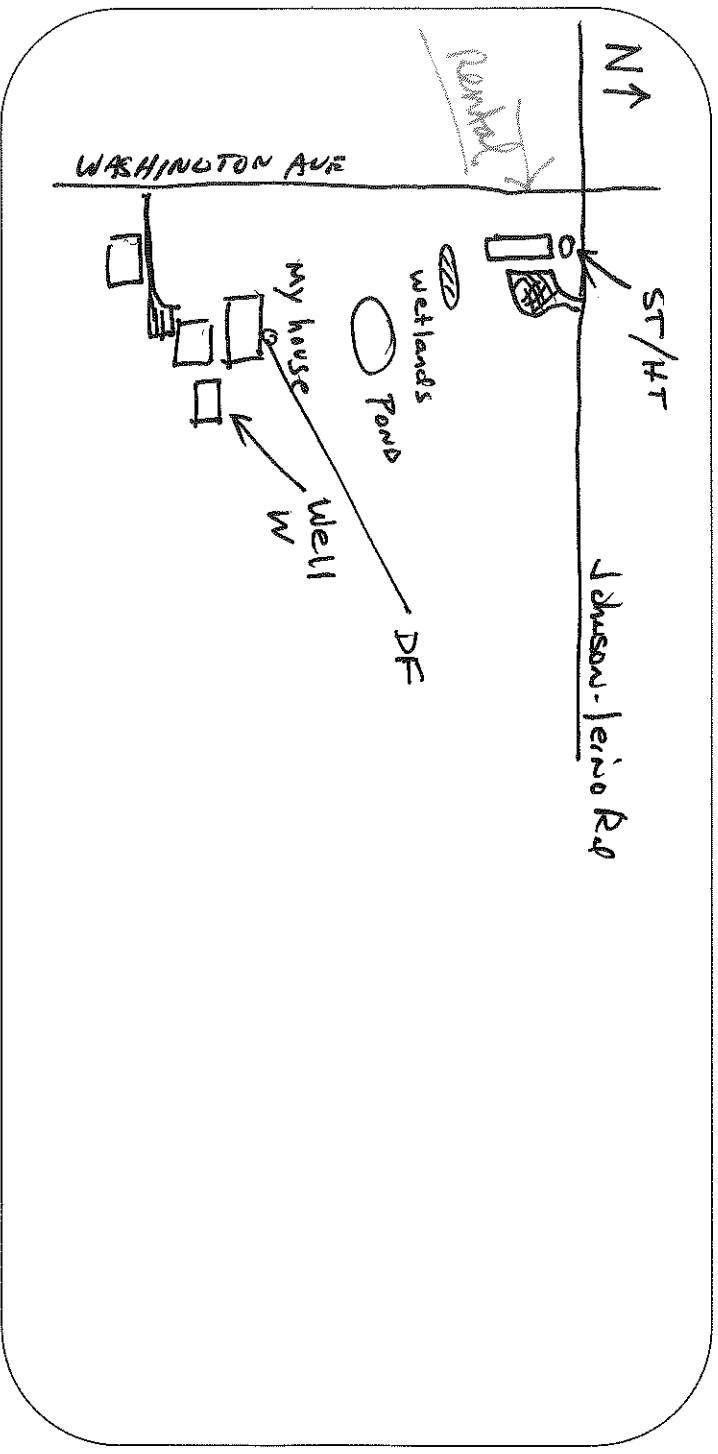
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 78390 WASHBURN AVE WASHBURN WI 54891

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property
- (2) Show / Indicate:  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (3) Show Location of (\*):  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (4) Show:  
(\*) Wetlands; or (\*) Slopes over 20%
- (5) Show:  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (6) Show any (\*):  
(\*) Wetlands; or (\*) Slopes over 20%
- (7) Show any (\*):  
(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	30 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	80 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	90 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	500 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	860 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	450 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	10 Feet
Setback to Drain Field	300 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0300		Permit Date: 8-1-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:						
Date of Inspection:	June 9, 2017	Inspected by:	J. Murphy			
Condition(s):	Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
Signature of Inspector:						Date of Approval: 8-1-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

City, Village, State or Federal  
its May Also Be Required

LAND USE – X  
SANITARY – 16-117S  
SIGN –  
SPECIAL – Class A  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0300** Issued To: **Jeffrey Nourse**

N  $\frac{1}{2}$  of  
Location: **NW**  $\frac{1}{4}$  of **SE**  $\frac{1}{4}$  Section **20** Township **49** N. Range **4** W. Town of **Bayview**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Other: [ 1 – Unit; 1- Story; Short-term Rental (60' x 14') = 760 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found  
to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 1, 2017**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
JUL 11 2017  
BAYFIELD CO. Zoning Dept.  
ENTERED

Permit #:	170813
Date:	8-9-17
Amount Paid:	75 7-14-17 50 7-14-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>KURT J DICKER</u>	Mailing Address: <u>119 N MORGAN WHEATON, IL 60187</u>	Telephone: _____
Address of Property: <u>Lot #6, VALLA TEAL SUBDIVISION</u>		City/State/Zip: _____
Contractor: <u>?</u>	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>Legal Description: (Use Tax Statement)</u>		PIN: (23 digits) <u>04-008-2-49-05-17-3 00-330-000</u>
<u>1/4, 1/4</u>	Gov't Lot _____	Lot(s) _____ CSM _____ Vol & Page _____
Section <u>17</u> , Township <u>49</u> N, Range <u>5</u> W	Town of: <u>BAYVIEW</u>	Block(s) No. _____
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: _____ feet
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: _____ feet
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Recorded Document: (i.e. Property Ownership) Volume <u>246R</u> Page(s) <u>566577</u>		Subdivision: <u>VALLA TEAL</u>
Lot Size <u>1.0765</u> Acres		Acres <u>1.01</u>

Value at time of Completion * include donated time & material <u>\$ 20,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None	<input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>None</u>	Width: <u>40'</u>	Height: <u>19'</u>
Proposed Construction:	Length: <u>72'</u>	Width: <u>40'</u>	Height: <u>19'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <u>40</u> x <u>72</u> )	<u>2880</u>
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( <u>  </u> x <u>  </u> )	
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance	with a Porch	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Commercial Use Secretarial Staff	with (2") Deck	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Commercial Use Secretarial Staff	with (2") Deck	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Commercial Use Secretarial Staff	with Attached Garage	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	Mobile Home (manufactured date)	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Addition/Alteration (specify)	Accessory Building (specify)	( <u>  </u> x <u>  </u> )	
<input checked="" type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building Addition/Alteration (specify)	( <u>40</u> x <u>72</u> )	<u>2880</u>
<input type="checkbox"/> Special Use: (explain)	Conditional Use: (explain)	( <u>  </u> x <u>  </u> )	
<input type="checkbox"/> Other: (explain)		( <u>  </u> x <u>  </u> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

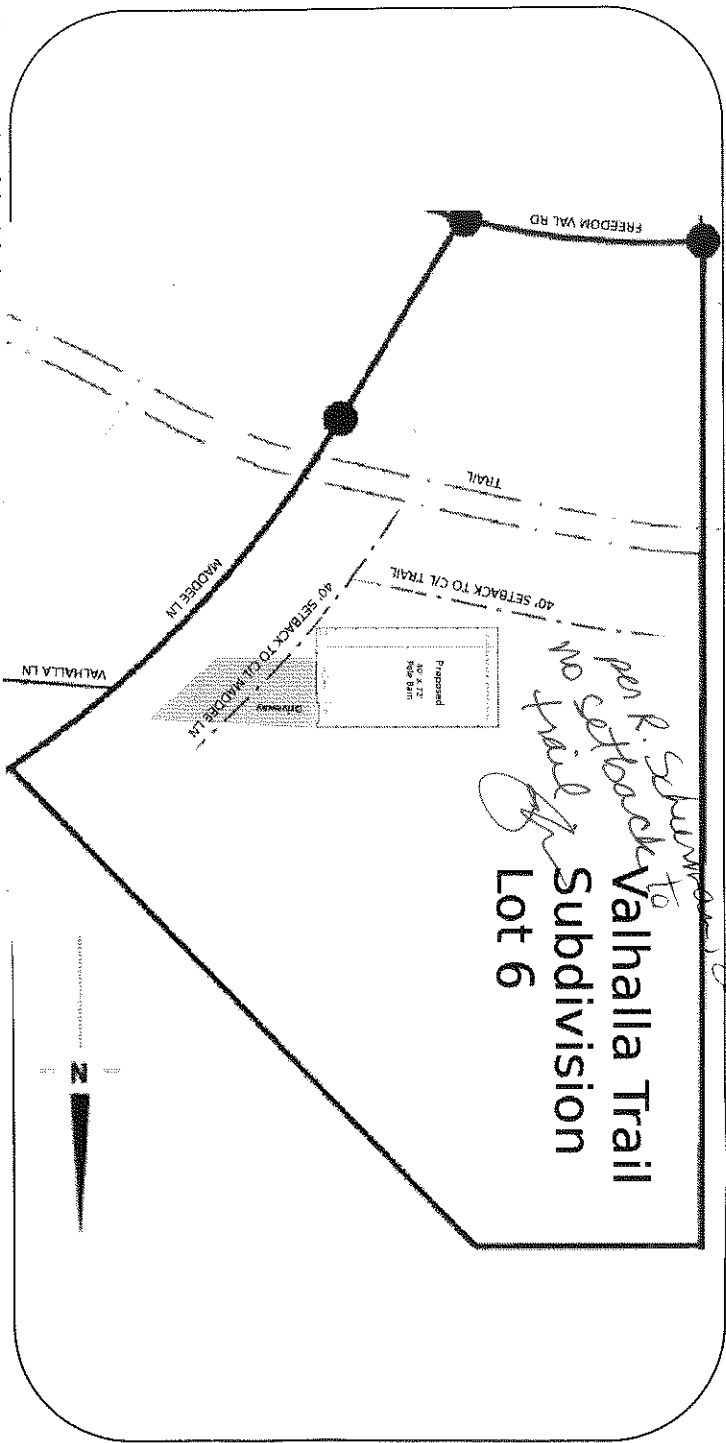
Owner(s): KURT J DICKER (KURT J DICKER) Date 7/10/17  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)  
(6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond  
(7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	$\geq 40$ Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	$\geq 40$ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	APPX 203 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	APPX 155 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	APPX 80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	$\geq 40$ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0313		Permit Date: 8-9-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:			
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Re-Inspection:			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Zoning District (res)			
Inspection Record:	8-4-17 insp. w/owner. Trail easement has no 40' setback per R. Schuman, only middle lane.			Lakes Classification (N/A)			
Date of Inspection:	7-21-17	8-4-17	Inspected by:	C. M. Schuman			
Condition(s): Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If No they need to be attached:				
Building shall not be used for human habitation or keeping purposes. Building, before, shall be 40' from middle lane center.							
Signature of Inspector:				Date of Approval:	8-9-17		
Hold For Sanitary:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hold For TBX:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hold For Affidavit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hold For Fees:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

City, Village, State or Federal  
Permits May Also Be Required

AND USE - X  
SANITARY -  
SIGN -  
SPECIAL -  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0313** Issued To: **Kurt Dicke**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **17** Township **49** N. Range **5** W. Town of **Bayview**

Gov't Lot                      Lot **6**                      Block                      Subdivision **Valhalla Trail**                      CSM#

For: **Residential Principal Structure: [ 1- Story; Pole Barn (40' x 72') = 2,880 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation or sleeping purposes. Building with eave shall be 40' from Maddee Lane center.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 9, 2017**

Date



SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUN 08 2017

ENTERED

Permit #:	17-0316
Date:	8-10-17
Amount Paid:	\$850 810-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>Honest Dog LLC</u>	Mailing Address: <u>32020 Friendly Valley</u>	City/State/Zip: <u>Washburn, WI</u>	Telephone: <u>715-373-5525</u>
Address of Property: <u>81765 Hwy 13</u>	City/State/Zip: <u>Washburn, WI 54891</u>		Cell Phone: <u>715-813-0308</u>
Contractor: <u>—</u>	Contractor Phone: <u>—</u>	Plumber: <u>A to Z</u>	Plumber Phone: <u>682-85520</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Julie Buckles</u>	Agent Phone: <u>715-813-0308</u>	Agent Mailing Address (include City/State/Zip): <u>32020 Friendly Valley Rd</u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>NW 1/4, NE 1/4</u>	Legal Description: (Use Tax Statement) <u>04-008-2-49-04-05-1-02-000-7000</u>	PIN: (23 digits) <u>04-008-2-49-04-05-1-02-000-7000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1019</u> Page(s) <u>44</u>
Gov't Lot	Lot(s)	CSM	Vol & Page
<u>14019</u>	<u>694</u>		
Section <u>5</u> , Township <u>49</u> N, Range <u>4</u> W	Town of: <u>Bayview</u>	Lot(s) No.	Block(s) No.
Lot Size	Acres		
	<u>.680</u>		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: <u>—</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: <u>—</u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$ NA</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> —	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/> —
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input checked="" type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance	Principal Structure (first structure on property)	( <u>—</u> X <u>—</u> )	
	Residence (i.e. cabin, hunting shack, etc.)	( <u>—</u> X <u>—</u> )	
	with Loft	( <u>—</u> X <u>—</u> )	
	with a Porch	( <u>—</u> X <u>—</u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>—</u> X <u>—</u> )	
	with (2 <sup>nd</sup> ) Deck	( <u>—</u> X <u>—</u> )	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	( <u>—</u> X <u>—</u> )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <u>—</u> X <u>—</u> )	
	Mobile Home (manufactured date) <u>—</u>	( <u>—</u> X <u>—</u> )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) <u>—</u>	( <u>—</u> X <u>—</u> )	
	Accessory Building (specify) <u>—</u>	( <u>—</u> X <u>—</u> )	
	Accessory Building Addition/Alteration (specify) <u>—</u>	( <u>—</u> X <u>—</u> )	
	Special Use: (explain) <u>—</u>	( <u>—</u> X <u>—</u> )	
	Conditional Use: (explain) <u>Short term rental (2-4 weeks)</u>	( <u>—</u> X <u>—</u> )	
	Other: (explain) <u>—</u>	( <u>—</u> X <u>—</u> )	

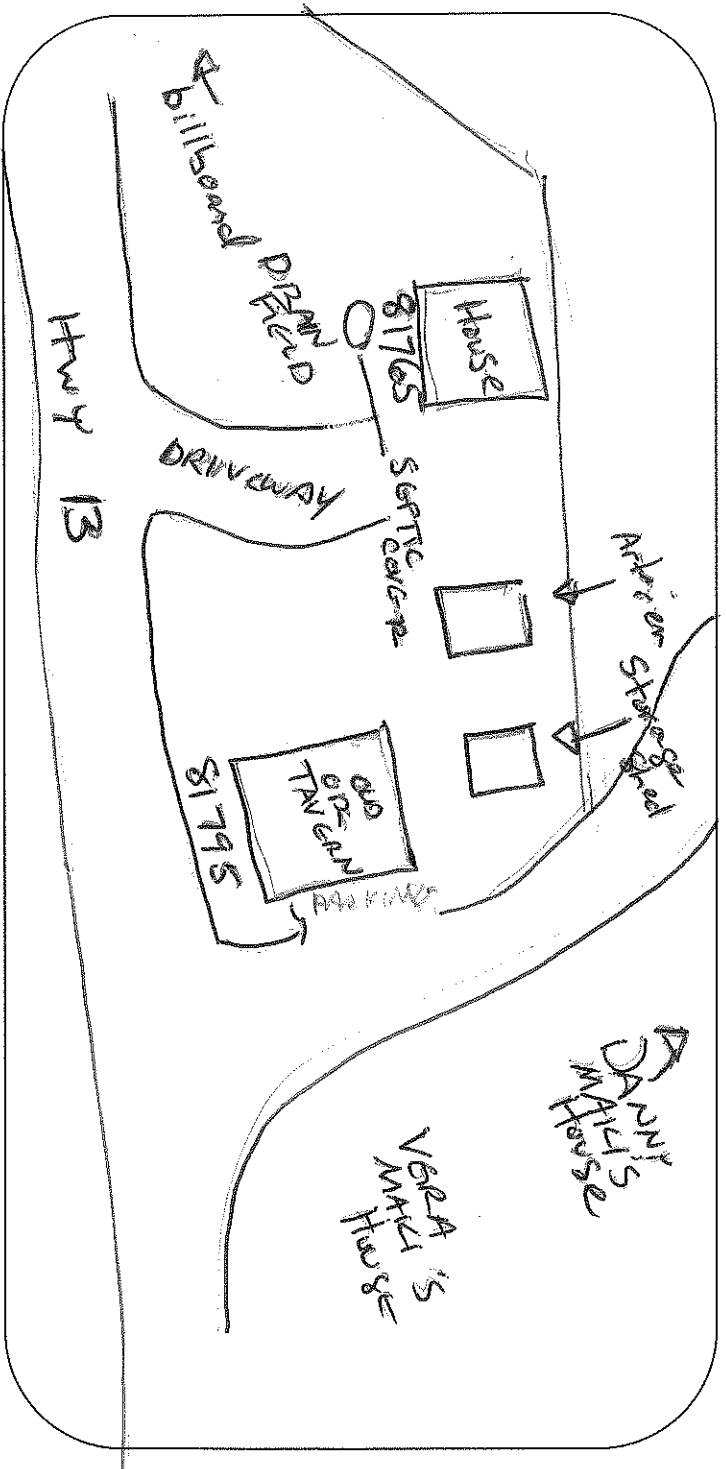
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application my (our) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): <u>Julie Buckles</u>	Date <u>6-8-2017</u>
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent: <u>Julie Buckles</u>	Date <u>6-8-2017</u>
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	
Address to send permit <u>32020 Friendly Valley, Washburn, WI 54891</u>	Attach Copy of Tax Statement

SENT BY ZONING

07-8-07

- Sho  
Sho



**Don't miss the new book by the author of *Not a Boy, Not a Girl***

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Fire # :	80765 / 81795		
Setback from the Centerline of Platted Road	52' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	107' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	132' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	140' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	20' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	107' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	14' Feet	Setback to Well	80' Feet
Setback to Drain Field	16' Feet		37' Feet
Setback to Privy (Portable, Composting)	16' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of **New Construction**, **Septic Tank (ST)**, **Drain field (DF)**, **Holding Tank (HT)**, **Privy (P)**, and **Well (W)**.

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local, town, village, city, state or federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:		Permit Date:		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Date of Inspection:		Zoning District Lakes Classification Date of Re-Inspection:		

Condition(s): Town, Committee or Board Conditions Attached? ☒ Yes ☐ No - (If No they need to be attached.)

Zoning District	(C)
Lakes Classification	( <del>2</del> /A)
Date of Re-Inspection:	

pa conditions listed on exhibit approved by P+2 committee.

Signature of Inspector:

Hold For Sanitary: ☐

Hold For TBA:

Hold For Affidavit

Hold For Fees: ☐



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City, Village, State or Federal  
Permits May Also Be Required

LAND USE – X  
SANITARY – 16248  
SIGN –  
SPECIAL –  
CONDITIONAL – X (ZC Mtg: 7/20/2017)  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0316** Issued To: **Honest Dog LLC / Charley Ray, Agent**

Par in  
Location: **NW** ¼ of **NE** ¼ Section **5** Township **49** N. Range **4** W. Town of **Bayview**  
**Lying Nwly of St Hwy 13**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Other: [ 2 – 4 Unit; Short-term Rental ]**

(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s):** Per conditions listed on affidavit and approved by Planning and Zoning Committee. Committee Conditions: 1] Corrections be made to the sanitary system. 2] Prior to any rental a letter from a Master Plumber is required to be sent to the Zoning office stating corrections have been made. 3] The number of rentals shall not be more than 2 occupants per bedroom (based on daily wastewater flow calculation for the existing POWTS).

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Jennifer Murphy**

Authorized Issuing Official

**August 10, 2017**

Date